CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

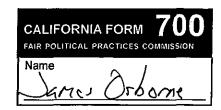
STATEMENT OF ECONOMIC INTERESTS RECEIVED ONLY FAIR POLITICAL PAGE

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NAME OF FILER (LAST)	CITY CLMP中 DEP 1. LAWNOALE, CA.
1. Office, Agency, or Court	-
Agency Name C, to of Lowndole	Councilmenter
Division, Board, Department, District, if applicable	Your Position
► If filing for multiple positions, list below or on an attachment.	
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	Judge (Statewide Jurisdiction)
Multi-County	County of
City of Cundale	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2010, through December 2010.	r 31, Leaving Office: Date Left/(Check one)
The period covered is/, through December 2010.	31, O The period covered is January 1, 2010, through the date of leaving office.
Assuming Office: Date/	O The period covered is/, through the date of leaving office.
Candidate: Election Year Office sought, if	different than Part 1:
4. Schedule Summary	1
Check applicable schedules or "None."	► Total number of pages including this cover page:
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable inte	erests on any schedule
I have used all reasonable diligence in preparing this statement. I have revipere herein and in any attached schedules is true and complete. I acknowledge	
I certify under penalty of perjury under the laws of the State of Califo	
Date Signed	Signati

SCHEDULE D Income – Gifts



NAME OF SOURCE	► NAME OF SOURCE	
Bericon Design		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
315 Wellapa Lu. Digmond Ber, CA		
BUSINESS ACTIVITY, IF ANY OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
19to Systems		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
12,20,10,50 Gift Card		
// \$		—
, , ,		
NAME OF SOURCE	► NAME OF SOURCE	
So Cal Edison		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1924 R. Crinder Compton, CA	i]	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Encry Provider		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
8 18,10 \$420.00 Kducetronel		
0 10 10 \$ - 10 6	\$	—
/ / s	/ / \$	
/ \$		
► NAME OF SOURCE	▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	—
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	_
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	_
\$		—
	/ \$	
	\$	—
O		
Comments:		_

STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

COVER PAGE

RECEIVED

RECEIVED FAIR POLITICAL PRACTICES COMMISSION Please type or print in ink. ZUI! MAR Z8 NAME OF FILER 44FTBPR - L AMII: 12 Uller - Miles Robert CITY CLERK DEPT. 1. Office, Agency, or Court Agency Name City of Lawrdale
Division, Board, Department, District, if applicable Your Position City Council Councilmember ▶ If filing for multiple positions, list below or on an attachment. Position: _ Agency: __ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge (Statewide Jurisdiction) Multi-County _____ County of ___ it City of Law dale Other _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___ Annual: The period covered is January 1, 2010, through December 31, 2010. O The period covered is January 1, 2010, through the date of The period covered is ______, through December 31, leaving office. 2010. O The period covered is _______, through the date Assuming Office: Date ____/____ of leaving office. Candidate: Election Year _____ Office sought, if different than Part 1: _____ 4. Schedule Summary ► Total number of pages including this cover page: -Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 147 17 Burin Av.

DAYTIME TELEPHONE NUMBER 90260 (310) 973- 3200 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.